



HIPPA

Notification of Privacy Practices Effective April 14, 2003

Our Pledge Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. A record is created of the health care claims reimbursed under the Health Choice Benefit Plan for Plan administration purposes. This notice applies to all of the health records Health Choice Benefit Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which the Health Choice Benefit Plan may use and disclose health information about you. It also describes the Health Choice Benefit Plan's obligations and your rights regarding the use and disclosure of health information.

By law, Health Choice Benefit Plan is required to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect. Personal Health Information (PHI) used to administer the Health Choice Benefit Plan, such as enrollment information, will be disclosed to certain employees of the Health Choice Benefit Plan. These employees are Benefits Specialists who administer employee benefits plans. These individuals may use your PHI for Health Choice Benefit Plan administration functions. Any employee of the WSRC Team who violates the rules for handling PHI established herein will be subject to disciplinary action.

By adoption of this Notice, the WSRC Team has certified that it will comply with the privacy procedures set forth herein. The WSRC Team may not use or disclose your PHI other than as provided herein or as required by law. The WSRC Team will not use your PHI for any employment-related actions or decision or in connection with any other benefit or employee benefit plan. The WSRC Team must report to the Health Choice Benefit Plan any uses or disclosures of your PHI of which it becomes aware that are inconsistent with the provisions set forth herein.

In addition, agents or subcontractors who provided your PHI by the Health Choice Benefit Plan must agree to be bound by the restrictions and conditions concerning your PHI found herein.

Disclosure Of Information

The following categories describe different ways that the Health Choice Benefit Plan, including its vendors, uses and discloses health information. For each category of uses or disclosures, the Health Choice Benefit Plan will give some examples. Not every use or disclosure in a category will be listed. However, all of the ways Health Choice Benefit Plan is permitted to use and disclose information will fall within one of the categories. Please note that vendors who process your benefit

claims do not disclose information about your health condition to anyone, including WSRC Team employees, except as provided in this notice.

1. For Payment (as described in applicable regulations). The Health Choice Benefit Plan may use and disclose health information about you to:

- determine eligibility for Health Choice Benefit Plan benefits,
- to facilitate payment for the treatment and services you receive from health care providers,
- to determine benefit responsibility under the Health Choice Benefit Plan, or
- to coordinate Health Choice Benefit Plan coverage.

For example, the Health Choice Benefit Plan may tell your health care provider about your health history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Health Choice Benefit Plan will cover the treatment. The Health Choice Benefit Plan may also share health information with a utilization review or pre-certification service provider. Likewise, Health Choice Benefit Plan may share health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

2. For Health Care Operations (as described in applicable regulations). The Health Choice Benefit Plan may use and disclose health information about you for other Health Choice Benefit Plan operations. These uses and disclosures are necessary to run the Health Choice Benefit Plan. For example, Health Choice Benefit Plan may use health information in connection with:

- conducting quality assessment and improvement activities;
- underwriting, premium rating, ;and other activities relating to Health Choice Benefit Plan coverage;
- submitting claims for stop-loss (or excess loss) coverage;
- conducting or arranging for health review, legal services, audit services, and fraud and abuse detection programs;
- business planning and development such as cost management; and business management and general Health Choice Benefit Plan administrative activities.

3. As Required By Law. Health Choice Benefit Plan will disclose health information about you when required to do so by federal, state or local law. For example, Health Choice Benefit Plan may disclose health information when required by a court order in a litigation proceeding such as a malpractice action.

4. To Avert a Serious Threat to Health or Safety. The Health Choice Benefit Plan may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, Health Choice Benefit Plan may disclose health information about you in a proceeding regarding the licensure of a physician.

5. Claim Assistance. If you request assistance from a WSRC Team employee in resolving a claim for benefits under the plan through a vendor, you may be required to complete an Authorization to Disclose Confidential Information.

Special Situations

Disclosure to Health Choice Benefit Plan Sponsor. Information may be disclosed to another health plan maintained by the WSRC Team for purposes of facilitating claims payments under the Health Choice Benefit Plan. In addition, health information may be disclosed to the WSRC Team personnel solely for purposes of administering benefits under the Health Choice Benefit Plan.

There may be other special situations under which the Health Choice Benefit plan is authorized by law to share your health information. These situations are rare, but include the following:

1. **Organ and Tissue Donation.** If you are an organ donor, the Health Choice Benefit Plan may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
2. **Military and Veterans.** If you are a member of the armed forces, the Health Choice Benefit Plan may release health information about you as required by military command authorities. The Health Choice Benefit Plan may also release health information about foreign military personnel to the appropriate foreign military authority.
3. **Workers' Compensation.** The Health Choice Benefit Plan may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
4. **Public Health Risks.** The Health Choice Benefit Plan may disclose health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if the Health Choice Benefit Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Health Choice Benefit Plan will only make this disclosure if you agree or when required or authorized by law.
5. **Health Oversight Activities.** The Health Choice Benefit Plan may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.
6. **Lawsuits and Disputes.** If you are involved in or a lawsuit or a dispute, the Health Choice Benefit Plan may disclose health information about you in response to a court or administrative order. The Health Choice Benefit Plan may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
7. **Law Enforcement.** The Health Choice Benefit Plan may release health information if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain limited circumstances, the Health Choice Benefit Plan is unable to obtain the person's agreement;
 - about a death the Health Choice Benefit Plan believes may be the result of criminal conduct;
 - about clinical conduct at the hospital; and
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

8. **Coroners, Medical Examiners and Funeral Directors.** The Health Choice Benefit Plan may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Health Choice Benefit Plan may also release health information about patients of the hospital to funeral directors as necessary to carry out their duties.
9. **National Security and Intelligence Activities.** The Health Choice Benefit Plan may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
10. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Health Choice Benefit Plan may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding health information the Health Choice Benefit Plan maintains about you:

1. **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your Health Choice Benefit Plan benefits. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the vendor that processes your benefit claims. If you are unsure how to contact the vendor, please write to: WSRC/BSRI Health Choice Benefits Administration, Attention: Privacy Officer, Bldg 703-47A, Aiken, SC 29808.
2. If you request a copy of the information, the Health Choice Benefit Plan will charge you \$.50 for each page to cover the costs of copying, mailing or other supplies associated with your request.

The Health Choice Benefit Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

3. **Right to Amend.** If you feel that health information the Health Choice Benefit Plan has about you is incorrect or incomplete, you may ask the Health Choice Benefit Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Choice Benefit Plan.

To request an amendment, you must submit your request in writing to the vendor that processes your benefit claims. If you are unsure how to contact the vendor, please write to: WSRC/BSRI Health Choice Benefits Administration, Attention: Privacy Officer, Bldg 703-47A, Aiken, SC 29808. In addition, you must provide a reason that supports your request.

The Health Choice Benefit Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Health Choice Benefit Plan may deny your request if you ask the Health Choice Benefit Plan to amend information that:

- is not part of the health information kept by or for the Health Choice Benefit Plan;
- was not created by the Health Choice Benefit Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- 4. Right to an Accounting of Disclosures.** You have the right to request in writing to receive a list of instances in which the Health Choice Benefit Plan or our business associates disclosed your health information for purposes other than treatment, payment and healthcare operations, as authorized by you and for certain other activities on or after **April 14, 2003**.

To request this list or accounting of disclosures you must submit your request in writing to the vendor that processes your benefit claims. If you are unsure how to contact the vendor, please write to: WSRC/BSRI Health Choice Benefits Administration, Attention: Privacy Officer, Bldg 703-47A, Aiken, SC 29808. Your request must state a time period, which may not be longer than six years and **may not include dates before April 14, 2003**. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, the Health Choice Benefit Plan may charge you for the costs of providing the list. Health Choice Benefit Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. The Health Choice Benefit Plan will respond to your request within 60 days. The plan may extend the time for making a decision by no more than 30 days, but it must provide you with a written explanation for the delay.

- 5. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information the Health Choice Benefit Plan can use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Health Choice Benefit Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Health Choice Benefit Plan not use or disclose information about a surgery you had.

The Health Choice Benefit Plan is not required to agree to your request. To request restrictions, you must submit your request in writing to the vendor that processes your benefit claims. If you are unsure how to contact the vendor, please write to: WSRC/BSRI Health Choice Benefits Administration, Attention: Privacy Officer, Bldg 703-47A, Aiken, SC 29808.

In your request, you must tell the Health Choice Benefit Plan (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- 6. Right to Request Confidential Communications.** You have the right to request that Health Choice Benefit Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that Health Choice Benefit Plan only contact you at work or by mail. Health Choice Benefit Plan must accommodate your request if it is reasonable, if it specifies the other means or location and if it permits the Health Choice Benefit Plan to continue to collect premiums and pay claims under the Health Choice Benefit Plan. This includes sending explanations of benefits to you of your Health Choice Benefit Plan.

To request confidential communications, you must submit your request in writing to the vendor that processes your benefit claims. If you are unsure how to contact the vendor, please write to: WSRC/BSRI Health Choice Benefits Administration, Attention: Privacy Officer, Bldg 703-47A, Aiken, SC 29808.

Changes to This Notice

The Health Choice Benefit Plan and the WSRC Team reserve the right to change this notice. The Health Choice Benefit Plan and the WSRC Team reserve the right to make the revised or changed notice effective for health information the Health Choice Benefit Plan already has about you as well as any information the Health Choice Benefit Plan may receive in the future.

Complaints and Questions

If you have any questions, concerns, or believe your privacy rights have been violated, you may file a complaint with the WSRC/BSRI Health Choice Plan Administrator or with the U.S. Department of Health and Human Services. The Health Choice Benefit Plan can give you that address upon request. To file a complaint with the Health Choice Benefit Plan, write to: WSRC/BSRI Health Choice Plan, Attention: Privacy Officer, Building 703-47A, Savannah River Site, Aiken, SC 29808.

All complaints must be submitted in writing. You will not be penalized for filing a complaint. The Health Choice Benefit Plan will respond to you within 60 days. The Health Choice Benefit Plan may extend the time for making a response by no more than 30 days, but it must provide you with a written explanation for the delay.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to the Health Choice Benefit Plan will be made only with your written permission. If you provide the Health Choice Benefit Plan permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Health Choice Benefit Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. Please understand that the Health Choice Benefit Plan is unable to take back any disclosures the Health Choice Benefit Plan has already made with your permission, and that the Health Choice Benefit Plan is required to retain records of the care that the Health Choice Benefit Plan provided to you.